

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/577936

FILING DATE

5-3-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2			1			
4	1			1			
5	2			1			
6		1		1			
7	1			1			
8	1		1				
9	1		1				
10	1		1				
11	1		1				
12	1						
13	5						
14	1						
15	1						
16	1						
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49							
50							
TOTAL IND.			2				
TOTAL DEP.			14				
TOTAL CLAIMS			16				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							